

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_ District of New Mexico  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name** Rancho Bernardino, LLC**2. All other names debtor used in the last 8 years**Include any assumed names, trade names, and *doing business* as names**3. Debtor's federal Employer Identification Number (EIN)** 26 - 1197039**4. Debtor's address****Principal place of business**10112 San Bernardino NE

Number Street

Albuquerque, New Mexico 87122-3209

City State ZIP Code

Bernalillo

County

**Mailing address, if different from principal place of business**\_\_\_\_\_  
Number Street\_\_\_\_\_  
P.O. Box\_\_\_\_\_  
City State ZIP Code**Location of principal assets, if different from principal place of business**\_\_\_\_\_  
Number Street\_\_\_\_\_  
City State ZIP Code**5. Debtor's website (URL)** None**6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

## 7. Describe debtor's business

## A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

— — — —

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

## Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

Where is the property?

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated assets

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

16. Estimated liabilities

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2017  
MM / DD / YYYY

X

Signature of authorized representative of debtor

Robert G. Sahd

Printed name

Title Manager

18. Signature of attorney

X

Signature of attorney for debtor

Date 08/11/2017  
MM / DD / YYYY

Richard Leverick  
Printed name

Leverick and Musselman LLC  
Firm name

5120 San Francisco NE  
Number Street

Albuquerque  
City

NM 87109  
State ZIP Code

505-858-3303  
Contact phone

Rleverick@levemuss.com  
Email address

1515  
Bar number

NM  
State

**Fill in this information to identify the case:**Debtor name Rancho BernardinoUnited States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Richard D. Schroeder and Madeline Schroeder-Taylor 3422 Purdue Place NE Albuquerque, NM 87106		Real Estate Contract Seller/Secured				
2							
3							
4							
5							
6							
7							
8							

Debtor

Rancho Bernardino

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ <u>415.28</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ <u>0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ <u>0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ <u>0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ <u>0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ <u>0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ <u>0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ <u>0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> . . . . . →		\$ <u>365,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ <u>0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ <u>0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column. . . . . 91a.	\$ <u>415.28</u>	+ 91b. \$ <u>365,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. . . . .		\$ <u>365,415.28</u>



**Fill in this information to identify the case:**

Debtor name Rancho Bernardino, LLC  
United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1 Creditor's name**Richard Schroeder**Describe debtor's property that is subject to a lien**REC seller of Units 3 and 4, Taos Plaza\$ 269,024.10\$ 325,000.00**Creditor's mailing address**3422 Purdue Place NEAlbuquerque NM 87106**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred** 04/28/2016**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Last 4 digits of account number** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Madeline Taylor-Schroeder, as co  
REC seller**2.2 Creditor's name****Describe debtor's property that is subject to a lien**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Creditor's mailing address****Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

**Date debt was incurred** \_\_\_\_\_**Is anyone else liable on this claim?**

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Last 4 digits of account number** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$ \_\_\_\_\_

**Case 17-12069-11 Doc 1 Filed 08/13/17 Entered 08/13/17 11:17:50 Page 9 of 37**

## Part 1: Additional Page

## Column A

## Amount of claim

Do not deduct the value of collateral.

## Column B

## Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. <b>Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>	
_____	_____	\$ _____ \$ _____
<b>Creditor's mailing address</b>	_____	
_____	_____	
_____	<b>Describe the lien</b>	
_____	_____	
<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b>	
_____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<b>Date debt was incurred</b> _____	<b>Is anyone else liable on this claim?</b>	
<b>Last 4 digits of account number</b> _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>	
<input type="checkbox"/> No	Check all that apply.	
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated	
_____	<input type="checkbox"/> Disputed	
_____		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

2. <b>Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>	
_____	_____	\$ _____ \$ _____
<b>Creditor's mailing address</b>	_____	
_____	_____	
_____	<b>Describe the lien</b>	
_____	_____	
<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b>	
_____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
<b>Date debt was incurred</b> _____	<b>Is anyone else liable on this claim?</b>	
<b>Last 4 digits of account number</b> _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>	
<input type="checkbox"/> No	Check all that apply.	
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated	
_____	<input type="checkbox"/> Disputed	
_____		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
_____	Line 2. ____	____ _
_____		
_____		
_____	Line 2. ____	____ _
_____		
_____		
_____	Line 2. ____	____ _
_____		
_____		
_____	Line 2. ____	____ _
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_____		
_____	Line 2. ____	____ _
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_____	Line 2. ____	____ _
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_____	Line 2. ____	____ _
_____		
_____		
_____	Line 2. ____	____ _
_____		
_____		

**Fill in this information to identify the case:**

Debtor Rancho Bernardino, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number

\_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

\_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total claim

Priority amount

\$ \_\_\_\_\_

**2.2** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number

\_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (qqqqq)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

\_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.3** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number

\_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

\_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>
3.2	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>
3.3	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>
3.4	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>
3.5	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>
3.6	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div> <div>\$ <div></div></div>

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>    </u>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3. <u>    </u>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3. <u>    </u>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3. <u>    </u>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3. <u>    </u>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.12.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____



Debtor

Rancho Bernardino, LLC  
Name

Case number (if known)

**Part 3:** Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1** 5a. \$ 0.005b. **Total claims from Part 2** 5b. + \$ 0.005c. **Total of Parts 1 and 2** 5c. \$ 0.00  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name Rancho Bernardino, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	lease of Condo Units 3, 4 to tenant, at \$2,000 per month	Sigrid Long dba Natural Accents Gallery 216 S Plaza Taos NM 87571
	State the term remaining	month to month	
	List the contract number of any government contract	n/a	
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.\_

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Debtor name Rancho Bernardino, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)

Case number (If known): \_\_\_\_\_

Official Form 206H

## Schedule H: Codebtors

12/15

**1. Does the debtor have any codebtors?**

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

[illegible]

Debtor

Rancho Bernardino, LLC  
Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case and this filing:**

Debtor Name Rancho Bernardino, LLC  
United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)  
Case number (If known): \_\_\_\_\_

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2017  
MM / DD / YYYY

**X**

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Robert G. Sahd  
Printed name

Manager  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Rancho Bernardino, LLC  
United States Bankruptcy Court for the: \_\_\_\_\_ District of NM  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** **04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1:** Income**1. Gross revenue from business**

☒ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_



Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.  Creditor's name  Street  City State ZIP Code	     	\$     	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2.  Creditor's name  Street  City State ZIP Code	     	\$     	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.  Insider's name  Street  City State ZIP Code	     	\$     	     
Relationship to debtor			
4.2.  Insider's name  Street  City State ZIP Code	     	\$     	     
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	<div>Creditor's name</div> <div>Street</div> <div>City State ZIP Code</div>			\$
5.2.	<div>Creditor's name</div> <div>Street</div> <div>City State ZIP Code</div>			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
	<div>Creditor's name</div> <div>Street</div> <div>City State ZIP Code</div>			\$
	Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	<div>Case number</div> <div>Case title</div>		<div>Name</div> <div>Street</div> <div>City State ZIP Code</div>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<div>Case number</div> <div>Case title</div>		<div>Court or agency's name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
<div>Custodian's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div></div> <div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>\$</div> <div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
<div>9.1. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$
<div>9.2. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Date of loss	Value of property lost
			\$

**Part 6:** Certain Payments or Transfers

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Leverick and Musselman LLC</u>		<u>08/10/2017</u>	\$ <u>4,000.00</u>
	<b>Address</b> <u>5120 San Francisco NE</u> <small>Street</small> <u>Albuquerque NM 87109</u> <small>City State ZIP Code</small>			
	<b>Email or website address</b> <u>Rleverick@levemuss.com</u>			
	<b>Who made the payment, if not debtor?</b> <u>Robert G. Sahd</u>			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$ _____
	<b>Address</b>  <small>Street</small>   <small>City State ZIP Code</small>			
	<b>Email or website address</b> _____			
	<b>Who made the payment, if not debtor?</b> _____			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
<b>Trustee</b> _____	_____		

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address

Street

City

State

ZIP Code

Relationship to debtor

Who received transfer?

\$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address

Street

City

State

ZIP Code

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
---------	--------------------	--

14.1.

Street

City

State

ZIP Code

From

To

14.2.

Street

City

State

ZIP Code

From

To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_
- Does the debtor have a privacy policy about that information?
- ☐ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _ _ - _ _ _ _ _

Has the plan been terminated?

☐ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____
18.2.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>m_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

**Part 11:** Property the Debtor Holds or Controls That the Debtor Does Not Own

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

**Part 12:** Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

☒ No  
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		



24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: -
Street		Dates business existed
		From To
City State ZIP Code		
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name		EIN: -
Street		Dates business existed
		From To
City State ZIP Code		
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name		EIN: -
Street		Dates business existed
		From To
City State ZIP Code		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address	Dates of service
<div>26a.1.</div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>From To</div>

Name and address	Dates of service
<div>26a.2.</div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>From To</div>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
<div>26b.1.</div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>From To</div>

Name and address	Dates of service
<div>26b.2.</div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>From To</div>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
<div>26c.1.</div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div></div> <div></div> <div></div>

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Robert G. Sahd	10112 San Bernardino NE Albq. NM	Manager/Member	100%
	87122		

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____
			From _____ To _____
			From _____ To _____
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____			
Street _____			
City _____ State _____ ZIP Code _____			
Relationship to debtor _____			

Debtor Rancho Bernardino, LLC  
Name

Case number (if known) \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_ - \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/11/2017  
MM / DD / YYYY

**x**

\_\_\_\_\_  
Signature of individual signing on behalf of the debtor

Printed name Robert G. Sahd

Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes